

09/545,794

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B # 1

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#6

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10/31/02



October 9, 2002

Box Issue Fee
Commissioner for Patents
Washington, D.C. 20231

Re: SN 09/545,794
William Mazzei

Dear Sirs:

Please be advised that assignments in the above-referenced matter have been submitted under separate cover to the Assignments Department.

We wish to ensure that the assignee, DUPACO, INC. does appear on the published patent.

Please contact our office if you need any further information.

Thank you.

Sincerely yours,

DONN K. HARMS

DKH/jg
enc.

09/545,794

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Box ISSUE FEE**
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Jane E. Gutz (Depositor's name)
Jane E. Gutz (Signature)
October 9, 2002 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/545,794	04/09/2000	William Mazzei	2041 CIP	1944

TITLE OF INVENTION: PROTECTIVE CUSHION AND COOPERATIVELY ENGAGEABLE HELMET CASING FOR ANESTHETIZED PATIENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	11/12/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
LINDSEY, RODNEY M	3765	002-410000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **DONN K. HARMS**
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DUPACO, INC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

2620 TRIPLE HEIGHTS DR.
OCEANSIDE, CA 92056

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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(Authorized Signature) [Signature] (Date) 10/9/02
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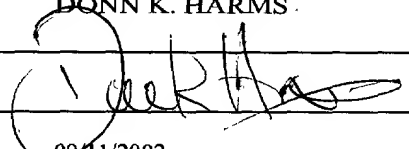
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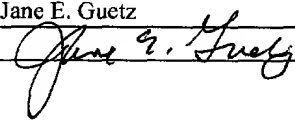
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/545,794	
	Filing Date	04/09/2000	
	First Named Inventor	WILLIAM MAZZEI	
	Group Art Unit	3765	
	Examiner Name	LINDSEY, RODNEY M.	
Total Number of Pages in This Submission	1	Attorney Docket Number	2043-CIP

ENCLOSURES (check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DONN K. HARMS
Signature	
Date	09/11/2002

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Signature		Date	09/11/02

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